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PTO/SB/50 (4/98)  
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## REISSUE PATENT APPLICATION TRANSMITTAL


<b>Address to:</b> Mail Stop Reissue Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450	<b>Attorney Docket No.</b>	11899.0175.REUS07
	<b>First Named Inventor</b>	Gerard F. Barry
	<b>Original Patent Number</b>	5,633,435
	<b>Original Patent Issue Date</b> (Month/Day/Year)	May 27, 1997
	<b>Express Mail Label No.</b>	EV 318622128 US

**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**  
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 OR PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input checked="" type="checkbox"/> Other: <u>Claim for Priority under 35 U.S.C. § 120</u>

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

<b>14. CORRESPONDENCE ADDRESS</b>					
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<b>Signature</b>		<b>Date</b>	7/18/03

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07/18/03  
1138 U.S. Pat.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
11899.0175.REUS07

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 87	Total Claims (37 CFR 1.16(j))	(B) 87	**** 0 =	x \$ =	or	x \$ 18.00 =	0
(C) 16	Independent Claims (37 CFR 1.16(i))	(D) 16	* = 0	x \$ =		x \$ 84.00 =	0
Basic Fee (37 CFR 1.16(h))					\$		\$ 750.00
Total Filing Fee					\$	OR	\$ 750.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	105	MINUS	87	* = 18	x \$ =	or	x \$ 18.00 =	324.00
Independent Claims (37 CFR 1.16(i))	16	MINUS	16	= 0	x \$ =		x \$ 84.00 =	0
Total Additional Fee					\$	OR	\$ 324.00	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  
\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  
\*\*\* After any cancellation of claims  
\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  
\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☒ Please charge Deposit Account No. 01-2508/11899.0175.REUS07 in the amount of \$1074.00. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2508/11899.0175.REUS07. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

7/18/03  
Date

  
Signature of Applicant, Attorney or Agent of Record

Janelle D. Waack, Reg. No. 36,300  
Typed or Printed Name